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PTO/SB/05 (4/98)

Approved for use through 09/30/2000. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. § 1.53 (b))

Attorney Docket No. 8138-PA01

First Inventor or Application Identifier Robert M. Martin

Title ELECTROMAGNETIC MOTOR

Express Mail Label No. EL634293769US

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO: Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

- | | | |
|---|--|--|
| 1. <input checked="" type="checkbox"/> *Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing) | 5. <input type="checkbox"/> Microfiche Computer Program (Appendix) | |
| 2. <input checked="" type="checkbox"/> Specification
(preferred arrangement set forth below) | [Total Pages 10] | 6. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary) |
| <ul style="list-style-type: none"> -Descriptive title of invention -Cross References to Related Applications -Statement Regarding Fed sponsored R & D -Reference to Microfiche Appendix -Background of the Invention -Brief Summary of the Invention -Brief Description of the Drawings (if filed) -Detailed Description -Claims(s) -Abstract of the Disclosure | | a. <input type="checkbox"/> Computer Readable Copy |
| | | b. <input type="checkbox"/> Paper Copy (identical to computer copy) |
| | | c. <input type="checkbox"/> Statement verifying identity of above copies |
| 3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) | [Total Sheets 2] | 7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) |
| 4. Oath or Declaration | [Total Pages 2] | 8. <input type="checkbox"/> 37 CFR §3.73(b) Statement <input type="checkbox"/> Power of Attorney
(when there is an assignee) |
| <ul style="list-style-type: none"> a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63 (d))
(for continuation/divisional with Box 16 completed) | | 9. <input type="checkbox"/> English Translation Document (if applicable) |
| <ul style="list-style-type: none"> i. <input type="checkbox"/> DELETION OF INVENTOR(S)
Signed Statement attached deleting inventor(s)
named in the prior application, see 37 C.F.R.
§§1.63(d)(2) and 1.33(b) | | 10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations |
| | | 11. <input type="checkbox"/> Preliminary Amendment |
| | | 12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)
(Should be specifically itemized) |
| | | 13. <input type="checkbox"/> *Small Entity Statement(s) <input type="checkbox"/> Statement filed in prior application,
(PTO/SB/09-12) Status still proper and desired |
| | | 14. <input type="checkbox"/> Certified copy of Priority Documents(s)
(if foreign priority is claimed) |
| | | 15. <input checked="" type="checkbox"/> Other: Applicant claims small entity status (See 37 CFR 1-27) |

*NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27). EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).

16. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment:

Continuation Divisional Continuation-in-part (CIP) of prior Application No: 09/500,938

Prior application information: Examiner: Dang D. Le

Group / Art Unit: 2834

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS

Name	BROWN, MARTIN, HALLER & MCCLAIN, LLP				
Address	1660 UNION STREET				
City	SAN DIEGO, CALIFORNIA 92101-2926				
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Name (Print/Type)	Katherine Proctor	Registration No. (Attorney/Agent)	31,468
Signature	Katherine Proctor	Date	May 10, 2001

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FEE TRANSMITTAL for FY 2000

Patent fees are subject to annual revision.
Small Entity payments must be supported by a small entity statement,
otherwise large entity fees must be paid. See Forms PTO/SB/09-12.
See 37 C.F.R. §§ 1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT (\$ 355.00)

Complete if Known

Application Number	Unknown
Filing Date	Herewith
First Named Inventor	Robert M. Martin
Examiner Name	Unknown
Group / Art Unit	Unknown
Attorney Docket No.	8138-PA01

METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)												
1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:		3. ADDITIONAL FEES												
Deposit Account Number	02-4070	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description		Fee Paid						
Deposit Account Name	BROWN, MARTIN, HALLER & McCLAIN	105	130	205	65	Surcharge - late filing fee or oath								
<input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 C.F.R. §§ 1.16 and 1.17		127	50	227	25	Surcharge - Late provisional filing fee or cover sheet								
2. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other		139	130	139	130	Non-English specification								
FEE CALCULATION								147	2,520	147	2,520	For filing a request for reexamination		
1. BASIC FILING FEE								112	920*	112	920*	Requesting publication of SIR prior to Examiner action		
Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description		Fee Paid						
101	710	201	355	Utility filing fee	355.00									
106	320	206	160	Design filing fee										
107	490	207	245	Plant filing fee										
108	710	208	355	Reissue filing fee										
114	150	214	75	Provisional filing fee										
SUBTOTAL (1) (\$ 355.00)								117	890	217	445	Extension for reply within third month		
2. EXTRA CLAIM FEES								118	1,390	218	695	Extension for reply within fourth month		
Total Claims	6	Extra Claims	-20**=	X	= 0			128	1,890	228	945	Extension for reply within fifth month		
Independent Claims	1	- 3**=		X	= 0			119	310	219	155	Notice of Appeal		
Multiple Dependent				X	=			120	310	220	155	Filing a brief in support of appeal		
**or number previously paid, if greater. For Reissues, see below.								121	270	221	135	Request for oral hearing		
Large Entity Small Entity								138	1,510	138	1,510	Petition to institute a public use proceeding		
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description		Fee Paid	140	110	240	55	Petition to revive - unavoidable			
103	18	203	9	Claims in excess of 20			141	1,240	241	620	Petition to revive - unintentional			
102	80	202	40	Independent claims excess of 3			142	1,240	242	620	Utility issue fee (or reissue)			
104	270	204	135	Multiple dependent claim, if not paid			143	440	243	220	Design issue fee			
109	80	209	40	**Reissue independent claims over original patent			144	600	244	300	Plant issue fee			
110	18	210	9	**Reissue claims in excess of 20 and over original patent			122	130	122	130	Petitions to the Commissioner			
SUBTOTAL (2) (\$ 0)								123	50	123	50	Petitions related to provisional applications		
* Reduced by Basic Filing Fee Paid								126	240	126	240	Submission of Information Disclosure Stmt		
Other fee (specify) _____								581	40	581	40	Recording each patent assignment per property (times number of properties)		
Other fee (specify) _____								146	710	246	355	Filing a submission after final rejection (37 CFR 1.129(a))		
SUBTOTAL (3) (\$ 0)								149	710	249	355	For each additional invention to be examined (37 CFR 1.129(b))		

SUBMITTED BY		Complete (if applicable)			
Name (Print/Type)	Katherine Proctor	Registration No. (Attorney/Agent)	31,468	Telephone	(619) 238-0999
Signature	Katherine Proctor			Date	May 10, 2001

WARNING:

Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.